

# Targeted Case Management (TCM) for Children and Youth with Special Health Care Needs (CYSHCN) and High Risk Pregnant Women (HRPW)

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# TCM Definitions



- ❧ Services that *assist* individuals eligible under the Medicaid State Plan in gaining access to needed medical, social, educational, and other services.
- ❧ Allowable TCM components:
  - ❧ Comprehensive assessment and periodic reassessment of individual needs.
  - ❧ Development (and periodic revision) of a specific care plan.
  - ❧ Referral and related activities.
  - ❧ Monitoring and follow-up activities.

# Comprehensive Assessment and Periodic Reassessment of Individual Needs

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- ❧ Determine need for any medical, educational, social or other activities. Assessment activities include the following:
  - ❧ Taking client history.
  - ❧ Identifying the needs of the individual, and completing related documentation.
  - ❧ Gather information from other sources, such as family, medical providers, social workers, and educators.



# Development (and periodic revision) of a Specific Care Plan



- ❧ Based on the specific information collected through the assessment, the following is included:
  - ❧ Specific goals and actions to address the medical, social educational, and other services needed by the eligible individual.
  - ❧ Includes activities such as ensuring the active participation of the eligible individual and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals.
  - ❧ Identifies a course of action to respond to the assessed needs of the eligible individual.

# Referral and Related Activities

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- ❧ Helping the individual obtain needed services, such as:
  - ❧ Scheduling appointments for the individual.
  - ❧ Activities that link the individual with medical, social, and educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.



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July 30, 2015

## Montana Healthcare Programs Notice

All Providers

### Adult and Pediatric Specialty Table of Services Available in Montana

Mountain-Pacific Quality Health (MPQH) and Montana Medicaid have developed a provider specialty table that lists specialty providers for adult and pediatric services in Montana.

The table includes Montana facilities, physician specialties, Montana Medicaid-enrolled physicians who perform specialized services, and contact numbers.

This unique tool can be used as a quick reference in determining which facility to send Montana Medicaid members to for specialized services (adult and pediatric) if the services cannot be provided in the current facility.

The table is available on the MPQH website at <http://mpqhf.com/corporate/medicaid-utilization-review/>. Click on the Out-of-State Inpatient Admissions link and scroll to the link for the database of specialty services available in Montana.

This table will be reviewed twice a year to ensure information is up-to-date.

#### Contact Information

If you have questions, please contact Erica Lewis, Medicaid PPS Hospital Program Officer, at 406-444-7018 or the MPQH Acute Department at 1-800-262-1545, Extension 5850.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at [MTPRHelpdesk@xerox.com](mailto:MTPRHelpdesk@xerox.com).

Visit the Montana Healthcare Programs Provider Information website at <http://medicaidprovider.mt.gov/>.

- <http://medicaidprovider.mt.gov>

# Monitoring and Follow-Up Activities

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- ❧ Includes activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary.



# Type and Frequency of Monitoring

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- ❧ **CYSHCN:** Types of monitoring may be face to face, by telephone, and via telehealth. Monitoring will occur as frequent as necessary to include at least one annually.
- ❧ **HRPW:** Face to face assessments occur at least monthly during the pregnancy. Some women may need more frequent assessments depending on the individual level of risk. Reassessments occur monthly after delivery (two times postpartum).



# TCM: Provider Requirements

## CYSHCN

- ❧ Have experience in delivery of home and community services
- ❧ Demonstrate an understanding of service coordination for young children
- ❧ Developed collaborative working relationships with health care and other providers in the area to be served.
- ❧ Healthcare team composed of a registered nurse, social work, nutritionist.

## HRPW

- ❧ Have experience in delivery of home and community services
- ❧ Demonstrate an understanding of the concept of prenatal care coordination services.
- ❧ Developed collaborative working relationships with health care and other providers in the area to be served.
- ❧ Healthcare team composed of a registered nurse, social work, nutritionist.

# TCM: Eligibility

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## CYSHCN

- ❧ Birth through 21<sup>st</sup> birthday
- ❧ Diagnosed with special health care needs or *at risk* for chronic physical, developmental, behavioral, or emotional conditions.
- ❧ Requires health or related services of a type or amount beyond that required by children of the same age OR the child is born to a woman who received case management services as a high risk pregnant woman.



## HRPW

- ❧ Birth through 21<sup>st</sup> birthday
- ❧ Receiving Medicaid or is presumptively eligible for Medicaid AND the pregnancy outcome is considered to be at *high risk* as determined by the case manager.
- ❧ Examples of High risk pregnancy:
  - ❧ 17 or younger
  - ❧ Homeless or in an abusive relationship
  - ❧ Unable to obtain necessary resources and services
  - ❧ Drug or alcohol abuser or lives with someone who is.
  - ❧ Medical factors that indicate the potential for poor pregnancy outcome
- ❧ Targeted Case Management services may be delivered until the last day of the month in which the 60th day following the end of the pregnancy.

# TCM: Reimbursement



- ❧ Reimbursement is available to a TCM provider for any fifteen minute unit in which a targeted case management service is delivered.



# Montana Medicaid - Fee Schedule Targeted Case Management July 1, 2015

Proc	Modifier	Code Description	For use by Effective	Method	Fee
T1016	HD	Targeted Case Management, each 15 minutes	TCM For High Risk Pregnant		
Women - Services Provided by the Social Worker		07/01/2015	FEE SCHED		
		\$6.50			
T1016	HD	Targeted Case Management, each 15 minutes	TCM For High Risk Pregnant		
Women - Services Provided by the Nurse		07/01/2015	FEE SCHED		\$6.50
T1016	HD	Targeted Case Management, each 15 minutes	TCM For High Risk Pregnant		
Women - Services Provided by the Nutritionist		07/01/2015	FEE SCHED		
		\$6.50			
T1016		Targeted Case Management, each 15 minutes	TCM For Children and Youth with Special		
Health Care Needs		07/01/2015	FEE SCHED		\$10.82

# Billable Units



- ❧ A billing unit is based on a 15 minute unit increment.
- ❧ Only four 15-minute units may be billed for a 60 minute hour.
- ❧ A provider may not bill for a service of less than 8 minutes if that is the only service provided that day.
- ❧ The actual minutes billed for any one case manager in a work day may not exceed the work hours of that case manager.
- ❧ If any case management 15-minute service is performed for 7 minutes or less than 7 minutes on the same day as another 15-minute service that was also performed for 7 minutes or less, and the total time of the two is 8 minutes or greater, then providers must bill for one unit of service.

# Billable Units-Continued



- ❧ Three separate case management services of 7 minutes, equaling 21 total timed minutes, must be billed as one 15-minute unit of service.
- ❧ The expectation is that a provider's direct patient contact time for each unit will average 15 minutes in length. If a provider has a consistent practice of billing less than 15 minutes for a unit, these situations will be highlighted for review.
- ❧ Providers must maintain records which fully demonstrate the extent, nature, and medical necessity of services and items provided to Medicaid recipients. The records must support the fee charged or payment sought for the service and items, and demonstrate compliance with all applicable requirements.



# Provisions



- ❧ **Single Medicaid Targeted Case Manager-** Medicaid TCM services will only be reimbursed for a single Medicaid TCM provider. If the services are not duplicative and the following conditions are met, an individual may temporarily receive TCM services from more than one TCM service provider.
- ❧ Individual is pregnant and there is a need for more than one targeted case manager due to the complexity of the client situation, for example, pregnant, developmentally delayed, abusing drugs etc.

# Provisions Continued



- ❧ **Freedom of Choice:** Individuals must have the free choice of any qualified provider.
- ❧ **No Gate Keeping:** Providers of targeted case management services are prohibited from serving as a gatekeeper under Medicaid. Providers may not in any manner act to restrict an individuals access to other care and services furnished by Medicaid.
- ❧ **Right to Refuse Targeted Case Management:** Individuals have the right to refuse targeted case management, if individual refuses it must be documented in the record.

# Provisions Continued



- ❧ **Case Records:** Providers must maintain records that document the following for all individuals receiving targeted case management.
  - ❧ Name
  - ❧ Dates of service
  - ❧ Name of provider agency
  - ❧ Person chosen by the individual to provide the targeted case management services.
  - ❧ Nature, content, units of the case management services received and whether the goals specified in the care plan are achieved.
  - ❧ If individual declines services.
  - ❧ Timelines for providing services and reassessments.
  - ❧ Need for, and occurrences of, coordination with other programs' targeted case manager.



# Activities that **CAN NOT** be billed as TCM and are **NOT** reimbursable as a Unit

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- ❧ Direct medical services, including counseling or the transportation or escort of members
- ❧ Duplicate payments
- ❧ Writing, entering or recording case notes for the members file
- ❧ Travel to and from member activities
- ❧ Any service that is less than 8 minutes duration, if it is the only service that is provided that day
- ❧ Any service that does not incorporate the 4 allowable TCM components.

# Resources



- ❧ Administrative Rules regarding specific documentation requirements:
  - ❧ <http://dphhs.mt.gov/legalresources/administrativerules/title37/armtitle37>
- ❧ Montana Medicaid Provider website:
  - ❧ <http://medicaidprovider.mt.gov/>
- ❧ Referral resources:
  - ❧ <http://mpqhf.com/corporate/medicaid-utilization-review/>

# Questions?

